



2019 Grant Application

Deadline for submission is Friday, January 11, 2019, 12:00 noon

Form may be duplicated.

Organization Name: _____

Contact Person: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Email: _____

Chief Staff Officer: _____ Title: _____

Does your organization have 501(c)(3) status? YES _____ NO _____

If no, has the organization applied for it? YES _____ Date applied _____

NO _____ Please attach explanation.

Is your organization funded by United Way? YES _____ NO _____

Is your organization licensed? YES _____ NO _____

If yes, by whom? _____

Year organization was started: _____

Project Name: _____

Project Coordinator: _____

Total annual organization budget: _____ Project Budget: _____

Amount Requested (maximum of \$7,000): _____

Dates of grant activity – Start: _____ End: _____

Signature of Board Chair/Executive Officer: _____

Date: _____

Please provide a short summary paragraph about this project suitable for release to the general public if this application is chosen for funding. (Please limit this to no more than 4 sentences.)



2019 Grant Guidelines

Focus and Support

- The maximum grant amount will be \$7,000.
- Grants are for one year only, but previously funded agencies can reapply annually. Agencies may potentially be funded for up to four (4) consecutive years. If an agency has four consecutive years of SMCF funding, it may not be funded for the two (2) years following the four-year period.
- The St. Mary's Community Fund focuses on institutions that directly benefit children (birth through late adolescence), foster development and learning, and promote a positive outlook for a child's future. Possible program areas include education (*but not through educational institutions or schools*), human services, and arts.
- Grants should include start-up support for new programs or support for existing programs. *Grants should not include general operating expenses.*

Instructions

- Please submit ten (10) copies of the application. **Do not use any kind of notebook or binder.** Body text must be in Times New Roman and no smaller than 12-point font. Text must be single-spaced. Keep narrative to three pages – make it brief, yet thorough.
- Answer all of the questions listed below in order. *Incomplete applications will not be accepted.*
- Please organize your narrative using the headings, subheadings, and numbers provided below.

A. Description of Project

1. Describe the purpose of your project. Is it a pre-existing project, or a new one?
2. Include organized planning ideas and goals for the outcome of the project.
3. Detailed budget page, including:
 - a. Project budget
 - b. Current operating budget of organization
4. List major sources of financial support over the past three years, including amounts.
5. State the mission statement of your organization.

B. Why implement this project?

1. Clearly define or demonstrate the need for this project. Include supporting data if applicable.
2. Will you collaborate with any other organizations? If so, which ones?
3. What other organizations are achieving the same goals as your project?

C. How will this project be implemented?

1. Use specific terms to describe how the project will be carried out, including the steps that will be taken to complete the project.
2. How could members of the St. Mary's Community Fund volunteer or become involved with the project? If involvement with this project is not possible, how could they volunteer for your organization in other capacities?
3. How would your supporters be informed about your organization receiving a St. Mary's Community Fund grant?

D. Who will the project serve?

1. What group(s) will be served or involved with the project? (Give detailed description, using target ages and/or grade levels, gender, locations/service areas, any special conditions or factors pertaining to participants FOR THIS PROJECT ONLY.)
2. Realistically, how many people will be affected by the project? (Give specific numbers.)

E. Objectives of the project

1. After completion, what measurable outcomes will have been accomplished?
2. What effect on the community will the project have had?
3. Will these effects be short-term or long-lasting? Explain.

F. Evaluation for Previously-Funded Agencies ONLY

1. What programs/projects in your organization have been funded in the past by the St. Mary's Community Fund and when?
2. Specify how the funds were utilized.
3. Were the funds sufficient to cover the entire program/project? If not, how were remaining funds obtained?

ONE (1) copy of the following attachments must be included. If they cannot be included, please explain why.

1. Most current audited financial statement with end of fiscal year information evident
2. List of officers and board members including company/organization affiliation and position
3. Copy of IRS Tax Exemption Determination Letter
4. Photos and brochures from organization (optional)

Please return completed application and materials to:

*St. Mary's Community Fund
c/o St. Mary's Episcopal School
60 Perkins Extended
Memphis, TN 38117*

Must be received by:

*Friday, January 11, 2019
12 noon*



COMMUNITY FUND

**2019 Grant Guidelines
CHECKLIST**

_____ **10 copies of application (including fill in the blank cover sheet) in
12-point Times New Roman font.
*PLEASE ENSURE ALL PARTS A-E ARE COMPLETED.
PARTS F IS FOR PREVIOUSLY FUNDED AGENCIES ONLY.***

_____ **1 copy of most recent audited financial statement**

_____ **1 copy of officers and board members, including company affiliation and position**

_____ **1 copy IRS Tax Exemption Determination Letter**

_____ **OPTIONAL – Promotional materials from your organization**